| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | | | (a) | Docket Number (Optional) 742114-9 |
|---|-------------------------|--|--|--------|---------------------|--------------------------------------|
| In re Application of Torben DALGAARD et al. | | | | | | |
| Application | | | ication Number 10/502,325 | | | Filed May 20, 2005 |
| | For BLOOD PRESSURE MEAS | | | | | |
| CUFF OF TWO OPENABLE CONCAVE SHELL | | | | | | |
| | | | | Examin | | |
| | 3735 | | | | Patricia C. Mallari | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | | |
| Fee Small Entity Fee | | | | | | |
| | month (37 CFR 1.17) | | \$120 | | \$60 | \$ |
| | months (37 CFR 1.1 | | \$450 | | 3225 | \$ <u>450.00</u> |
| | e months (37 CFR 1. | | \$1020 | | 5510 | \$ |
| | months (37 CFR 1.1 | | \$1590 | | 3795 | \$ |
| | months (37 CFR 1.1 | | \$2160 | \$ | 1080 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | | | |
| A check in the amount of the fee is enclosed. | | | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | | | |
| ☐ The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2478 (742114-9) | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | |
| I am the applicant/inventor | | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | | | |
| attorney or agent of record. Registration No. 27,997 | | | | | | |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | | | | |
| Registration number if acting under 37 CFR 1.34 | | | | | | |
| Va | AUIN 1 | | and the second of the second o | N | ovem | ber 30, 2006 |
| Signature | | | | | Date | |
| | | | | | 703) 584-3273 | |
| Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple | | | | | | |
| forms if more than one signature is required, see below. | | | | | | |
| Total of forms are submitted. | | | | | | |
| CERTIFICATE OF MAILING OR TRANSMISSION | | | | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. (571) 273-8300) on the date shown below. | | | | | | |
| Name (Print/Type) | | | | | | |
| Signature | | | | | Date | |